Surely some interest must be shown by the authorities in this important work, and I would have thought that if the casualty departments were reduced in number and the remaining ones enlarged to give a better service they could be run by full-time consultants with appropriate junior staff as in other hospital departments.—I am, etc.,

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Area Health Boards

SIR,—The publication by the Minister of Health of the recent Green Paper[1] (27 July, p. 197) seems to have been followed by remarkably little discussion considering the undoubted importance the paper bears to the future of medicine in this country. The future place of the medical profession in relation to the administration of the Health Service has now been made highly controversial. It was with relief, therefore, that I noted the first stirring of thoughtful criticism by the General Medical Services Committee (*Supplement*, 21 September, p. 115). Although the principle of amalgamation under one administration of the present three divisions of the Health Service, as envisaged in the idea of the area health boards, has many desirable features, nevertheless there are many aspects of the Green Paper that invite criticism.

First, the suggested average size of population to be served of between three-quarters of a million to two or three millions achieves the worst of both worlds. It may be suitable for a compact area such as Birmingham, but is much too large for a rural area such as Wales or the South-west. This large population size is valid and workable for a two-tier administrative structure, but much too cumbersome and impersonal for a one-tier structure. Under the scheme envisaged the size of the area served, outside large cities, is too large geographically to preserve ease of communication between the administration and doctors and nurses working in group practices and hospitals, but conversely too small for the board to take a properly balanced and broad view of the needs of the area as a whole. Local vested interests could loom too large. Whatever the failures of local executive committees and hospital management committees, they are at least local. The secretariat are known as individuals and problems can be discussed intelligently in the light of local conditions. But if the area health board is 90 miles away (and it might be in a rural area such as the West Country) local problems are much less likely to be considered sympathetically.

Secondly, under the present system for hospitals, hospital management committees are local enough to know an area's problems intimately, and the regional boards can take a larger view when necessary. One balances and checks the other. If all the medical services of an area with a population of two million (or even three-quarters of a million) are to be administered by one body, the administrative organization promises to be cumbersome in the extreme. The more scattered the population to be served, the more I fear for the humanity and efficiency of the service provided.

Thirdly, there is much too little provision for professional advice. Admittedly a board's medical officer is envisaged, but his knowledge would need to be Olympian and his wisdom that of many Solomons for him (or her) to give properly balanced advice, without a properly constituted local medical advisory committee to give constant help.

Fourthly, the regional hospital boards have rendered excellent service in the past to the areas they serve, and they have been sufficiently big to take a broad view of the area's needs as a whole. They have also been big enough to stand up to the Ministry of Health. If they disappear, finance will be subdivided into 40 or 50 smaller boards, few viable enough to give a fully comprehensive medical service. Therefore, as the Green Paper admits, *ad hoc* arrangements between boards will have to be made to cover such area services as neurosurgery, radiotherapy, and chronic renal dialysis units. Therein I can see much opportunity for wasteful, ill-balanced distribution of such services. In the interests of our patients, the Health Service, and the profession, I sincerely hope that the Green Paper in its present form will be rejected.

I would like to submit the following scheme, Sir, for your consideration. In the first place, a two-tier administrative structure should be retained. The area health boards (the lower tier) should serve much smaller population groups, and I would suggest a quarter to a third of a million as being the best size. These boards should administer all the needs of general practice, public health, and hospital services for the area. The board's medical officer should be advised by a local medical executive committee properly representative of all medical interests. Its advice should constantly be sought on all matters directly affecting the medical services. These boards should have their own budget. They should be grouped under regional health boards (the upper tier) serving areas roughly comparable to the present regional hospital boards. The regional boards should be responsible for planning the medical services as a whole for the entire region, and for its overall finance. They would be answerable to the Ministry of Health. The regional health board would also have a medical officer, advised by a properly representative regional medical advisory committee.

By this scheme, regional services can be properly and economically planned. Local contact between the public, doctors, and the administration will be preserved, and yet local vested interests curbed where necessary. The regional health boards will be strong enough to stand up to the Ministry, and the profession will be directly concerned—and asked for its advice—at all levels.—I am, etc.,

A. K. THOULD.

Truro, Cornwall.

REFERENCE

1 *National Health Service The Administrative Structure of the Medical and Related Services in England and Wales*, 1968, H.M.S.O., London.

Student Participation

SIR,—Your leading article "Student Participation" (21 September, p. 693) does well to draw attention to the wider question of research in the medical schools and universities. Such is the competition in many specialties that those aspiring to consultant rank find it incumbent upon them to have an M.D. by thesis in their list of qualifications. While both competition and research are to be encouraged it is surely regrettable that in many instances the former is the sole stimulus to the latter. This breeds an attitude of "Get a research post at all costs. It doesn't matter in which department or in what line of research so long as it results in a higher degree."

If research is indeed a desirable part of a clinician's training, would it not be better to provide more opportunities for junior medical staff to follow up one or two short research projects which occur to them in the context of their everyday work? Few of these projects would result in doctoral theses but the value to the individual concerned and possibly to the general store of knowledge would be just as great.—I am, etc.,

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Dundonald,
Co. Down.

Teaching the Teachers

SIR,—It is very depressing to see your leading article (21 September, p. 693) adding another drop to the ocean of pontification about medical education, without the most important aspect being emphasized, or even mentioned. The quality of teaching is not likely to become optimal until the instructors themselves are schooled in the science of imparting knowledge. Eyebrows would be raised at anyone so brash as to present himself to teach in one of the country's primary schools without training in technique, or the intention of acquiring it. Yet the only hindrance in the way of anyone with a medical degree becoming a medical "educator" is the temptation to transfer to a more lucrative branch of the profession.—I am, etc.,

London W.9. MALCOLM C. BATESON.

Responsibilities of Consultants

SIR,—We wish to thank the consultant staff of the Bedford General Hospital for focusing attention on the inadequate composition of the working party appointed by the Minister of Health to consider the responsibilities and functions of the consultant grade (21 September, p. 746). As their letter points out, the lion's share of the clinical work in the hospital service is carried out in district general hospitals, and as recently appointed consultants we are disturbed by the fact that representatives from these hospitals have been excluded from the working party. We feel it is imperative that the Minister of Health should reconsider the composition of this committee and include consultant representatives from the district general hospitals.—We are, etc.,

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